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# ECHO

## Pericardial effusion easily misdiagnosed in HIV positive patients with lyphodystrophy

Please visit the Sexually Transmitted Infections website [www.stijournal.com] for link to this full article.

HIV positive patients, suspected of having pericardial effusion, should undergo further investigation to avoid potentially fatal consequences, warn German researchers. The researchers draw attention to the case of a 52 year old HIV positive man (stage C3), who was being treated with a combination of nelfinavir, nevirapine, and stavudine. He had no history of heart disease, but was admitted because of breathing difficulties on exertion. On admission, his CD4 count was 81 cells/mm$^3$ and his viral load was < 50 copies/ml. But he had evidence of lypodystrophy syndrome, including reduced subcutaneous fat, increased fatty tissue around the intestine, and increased serum lipid concentrations.

An echocardiogram 10 months previously had indicated diastolic dysfunction and a 4 mm wide epicardial space, which a second echocardiogram showed, had increased to 18 mm, but there were minimal changes to ventricular function.

Because fatty tissue deposits around the heart and pericardial effusion are difficult to distinguish on echocardiography, magnetic resonance imaging was also carried out—computer tomography may be used instead. This clearly showed pericardial fat, but no fat deposits in the myocardium.

A puncture of the epicardial adipose tissue, on the assumption that it is pericardial effusion, risks perforating the ventricles, with potentially fatal consequences, say the authors. Although much more expensive, additional resonance imaging or computer tomography could save lives, they conclude.

▲ *Heart* 2002; **87**:e4 (http://www.heartjnl.com/cgi/content/full/87/5/e4)